

Filing Fee for an Assumed Name \$125.00

Filing Fee for a Fictitious Name \$40.00

LIMITED LIABILITY COMPANY

STATE OF MAINE

**STATEMENT OF INTENTION TO DO
BUSINESS UNDER AN ASSUMED
OR FICTITIOUS NAME**

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Real Name of Limited Liability Company)

Pursuant to [31 MRSA §605-A](#), the undersigned limited liability company executes and delivers the following Statement of Intention to do Business Under an Assumed or Fictitious Name:

FIRST: ("X" one box only.) ☐ assumed name ([§605-A.1](#)) ☐ fictitious name ([§605-A.2](#))

The limited liability company intends to transact business under the assumed or fictitious name of

_____.

Note: A **fictitious name** is a name adopted by a **foreign limited liability company** authorized to transact business in this State because its real name is unavailable pursuant to [§603-A](#).

Complete the following if applicable:

SECOND: If such assumed name is to be used at fewer than all of the limited liability company's places of business in this State, the location(s) where it will be used is (are):

☐ Additional locations are attached hereto as Exhibit ____, and made a part hereof.

THIRD: (Foreign Limited Liability Company Only)

Jurisdiction of organization _____ and the date on which
the limited liability company was authorized to transact business in Maine _____.

DATED _____

Manager(s)/Member(s)*

(signature)

(type or print name and capacity)

For Manager(s)/Member(s) which are Entities

Name of Entity _____

By _____
(authorized signature)

(type or print name and capacity)

*Certificate **MUST** be signed by:

- (1) at least one manager **OR**
- (2) at least one member if the limited liability company is managed by the members **OR**
- (3) any duly authorized person.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under [17-A MRSA §453](#).

Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**